

Name
in
Full

Harriett Alton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Plum Pt* Town*Calvert* County

MARYLAND

Date
of death *1906* Month *Nov*Day *30*Age *77* Years

Months

Days

Sex *Female*Color or
Race*Black*Birth-
place*Cal Co*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Thos. H. Alton*Father's
Name*Not Obtainable*Father's
Birthplace*not Obtainable*Mother's
Maiden Name*"*Mother's
Birthplace*"*Name of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

Gangrene of foot
Exhaustion

How long

2 mos

Immediate

How long

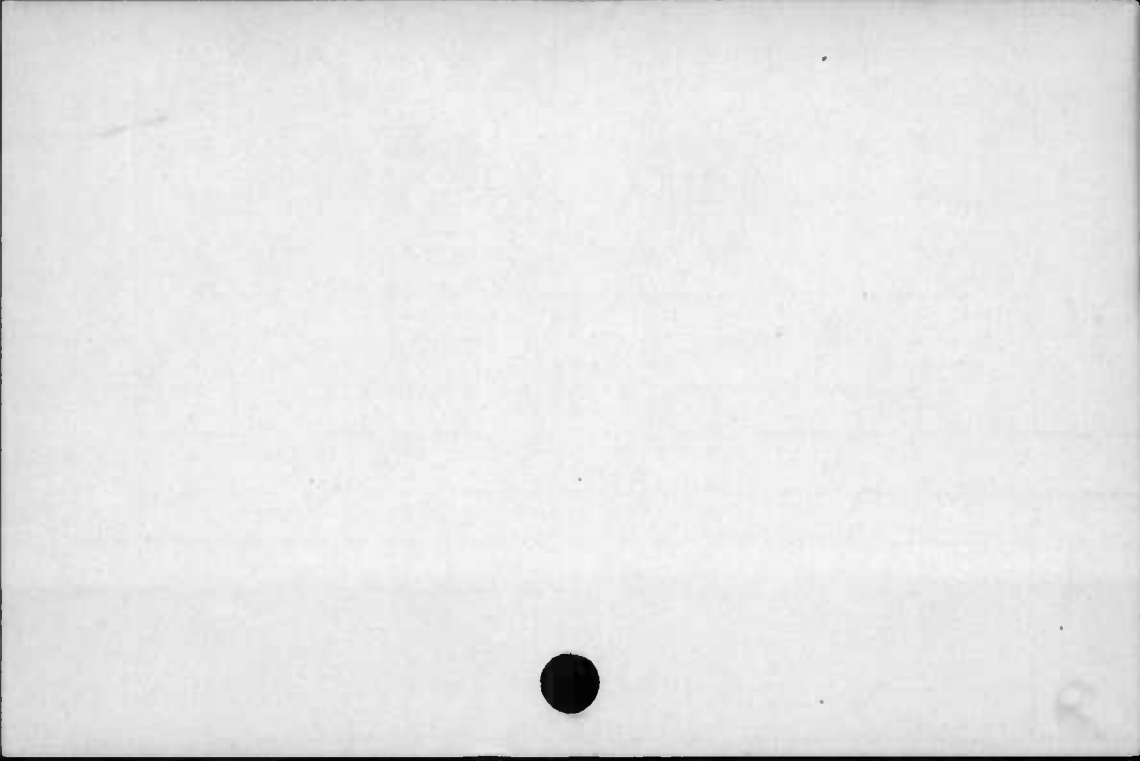
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*L. M. King M.D.*

Address

Burton Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



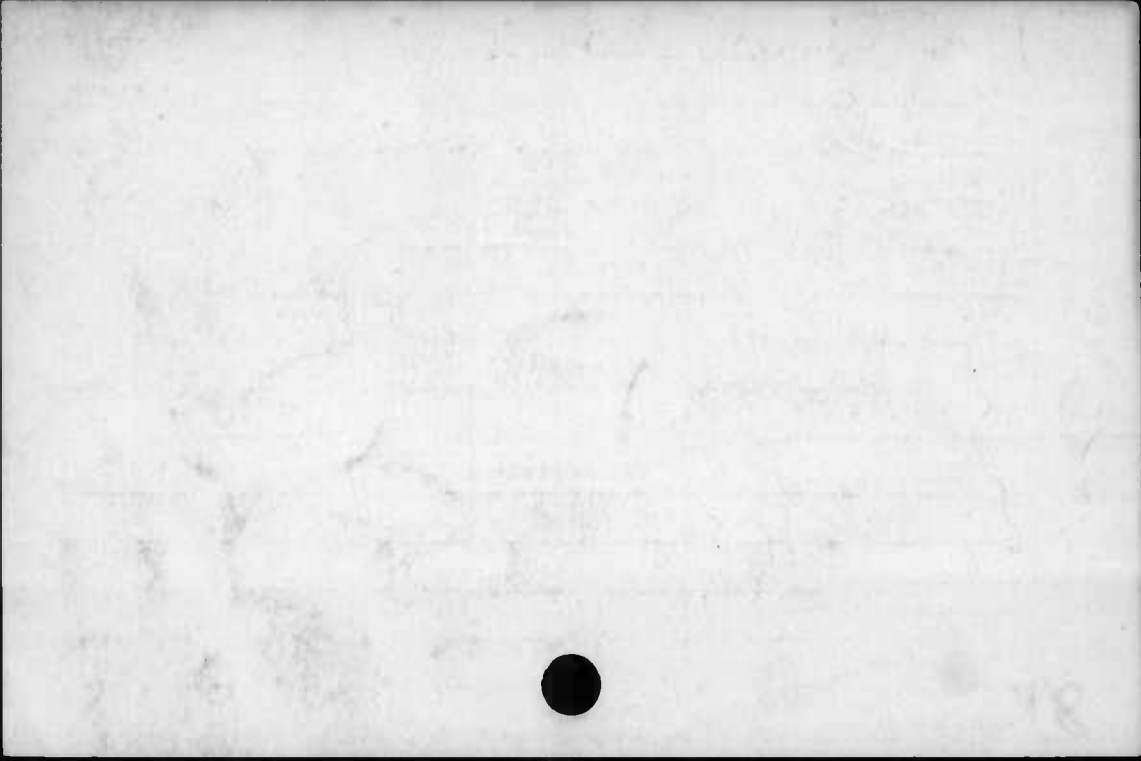
Name
is
Full26
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Leonard</i> Town <i>Calvert</i> County		MARYLAND	
Date of death <i>1906 Nov</i>	Month <i>14</i> Day	Age <i>3 months</i>	Months Days
Sex <i>Male</i>	Color <i>Red</i>	Birthplace <i>Calvert</i>	
Occupation	Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>had none</i>		
Father's Name <i>Benson Coats</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Emma Stowards</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Benson Coats</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide? <i>10 Brooks</i>	



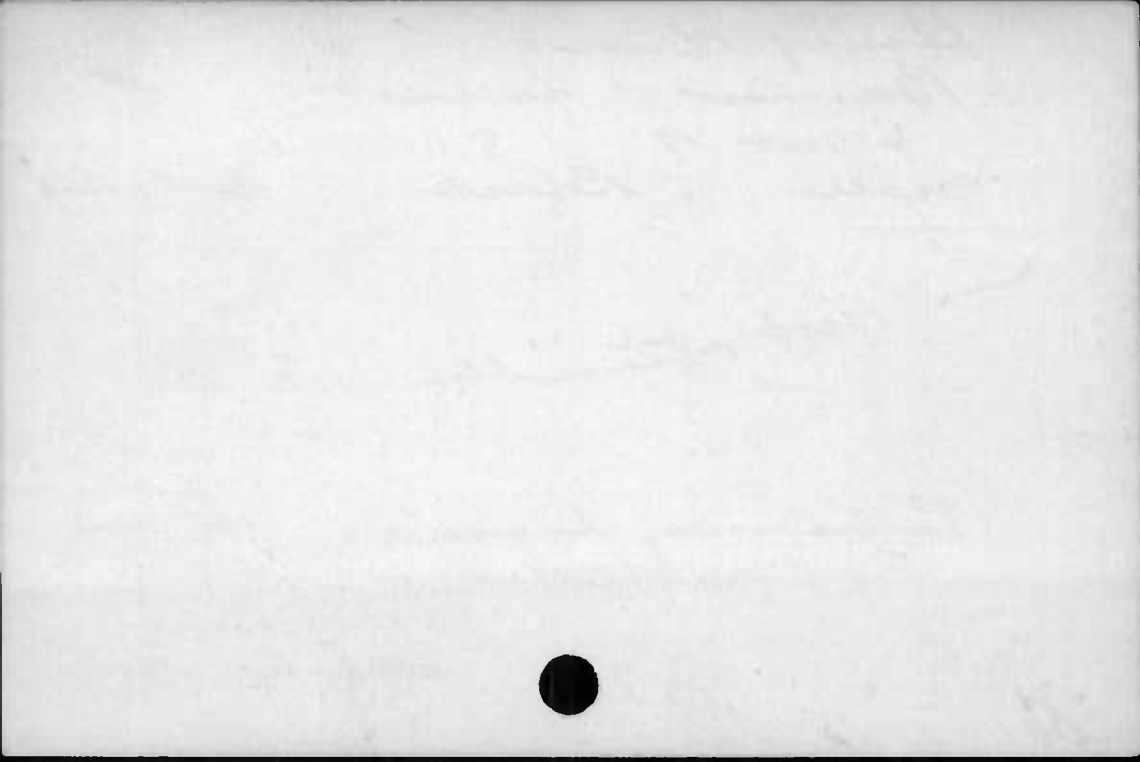
Name
in
Full28
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Leonards</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	190 <i>6</i> Month	<i>30</i> Day	Age <i>40</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>House Keeping</i>			Where Residing if not at place of death " "		
Married, Single or Widowed		Name of Wife or Husband <i>Hon Isaac</i>			
Father's Name <i>David Rowlings</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Margaret Barry</i>			Mother's Birthplace " "		
Name of person giving information <i>Hon Isaac</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Inflammation</i>	How long	<i>2 yrs.</i>
Immediate	<i>Syncope</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. P. Briscoe</i>	
Address <i>St Leonards</i>		Signature of Coroner <i>Isaac</i>	
Accident or Suicide? <i>No</i>			



Name in Full Henry Jones		CERTIFICATE OF DEATH	
Died at Barnton <small>Town</small>		Leamington <small>County</small>	
Date of death 1906 <small>Month</small> Nov <small>Day</small> 17 <small>Years</small> 8 <small>Months</small> 1 <small>Days</small>		MARYLAND	
Sex male		Color or Race Black	Birth-place Leamington
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed Widowed		Name of Wife or Husband —	
Father's Name Not obtainable		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		How long 12 years	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. King	
		Address Barnton Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Allether Jackson

CERTIFICATE OF DEATH

27
MARYLANDTO BE ANSWERED BY
NEAREST FRIENDDied at *St Leonard* ^{Town} *Calvert* ^{County}Date of death *1906 Nov 30* ^{Month} ^{Day} ^{Years} Age *84* ^{Months} ^{Days}Sex *Female* Color or Race *Calland* Birth-place *Calvert Co*Occupation *House Keeping* Where Residing if not at place of death " "Married, Single or Widowed *widowed* Name of Wife or Husband *James Jackson*Father's Name *Berry Rell* Father's Birthplace *Mo K*Mother's Maiden Name *Jane Rell* Mother's Birthplace " "Name of person giving information *Lue Diggs* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

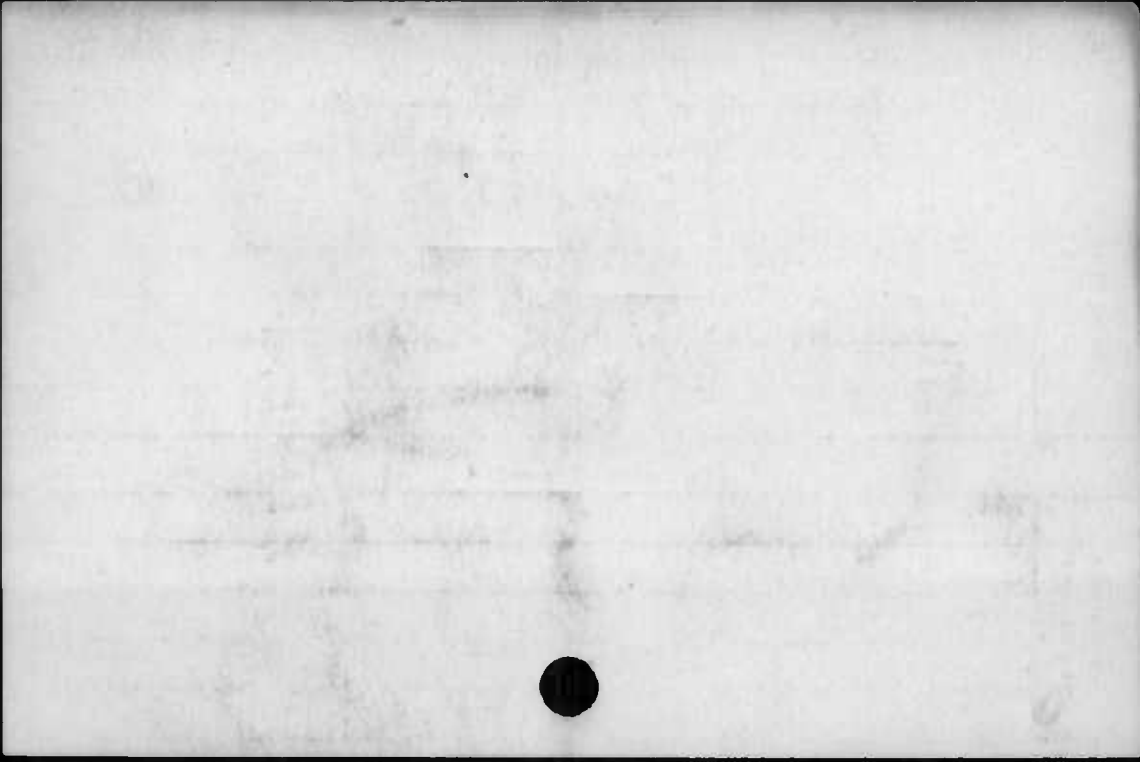
Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *A. P. Brison*Address *Princeton*Accident or Suicide? *L. Brison. B. Co* *mt*



Name
in
Full

David Rawlings

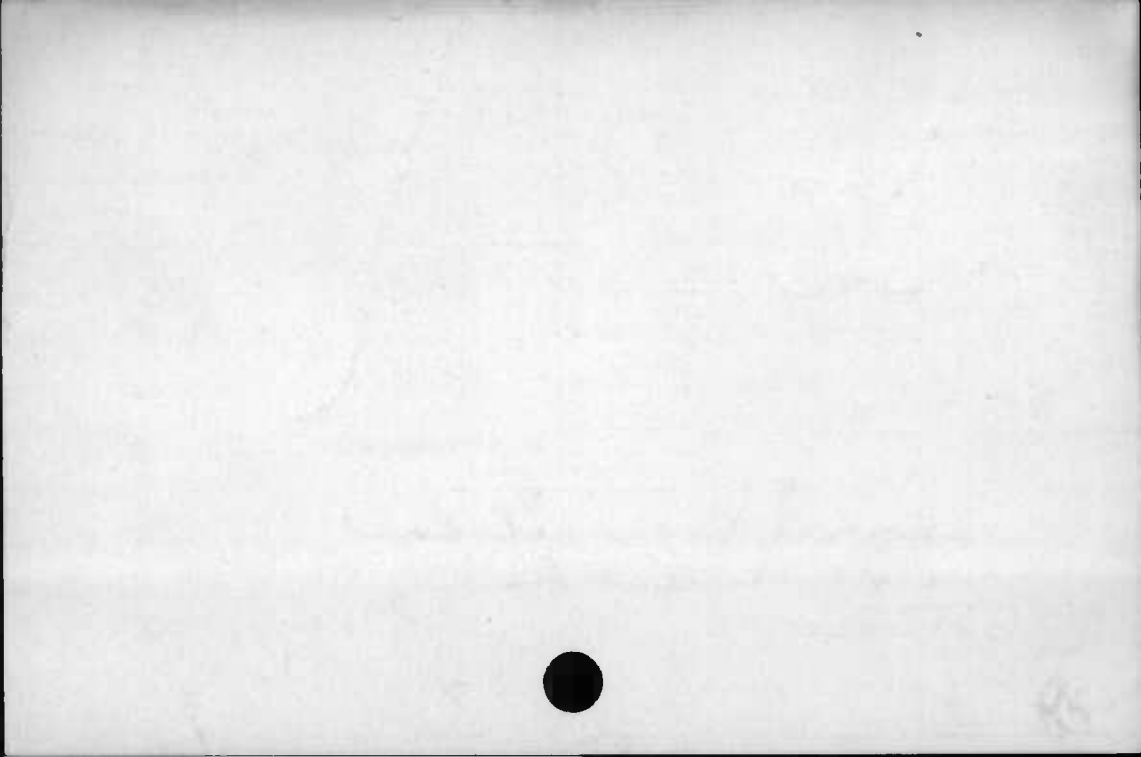
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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Leonard</u>		Town <u>Calvert</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>November</u>	Day <u>3</u>	Age <u>65</u>	Years	Months	Days	
Sex <u>Male</u>		Color or Race <u>Collard</u>		Birth-place <u>Calvert Co</u>			
Occupation <u>Farmer</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband					
Father's Name <u>Edward Rawlings</u>				Father's Birthplace <u>Calvert Co</u>			
Mother's Maiden Name <u>Margaret Dossie</u>				Mother's Birthplace <u>"</u>			
Name of person giving information <u>Edward Rawlings</u>				How related to deceased			

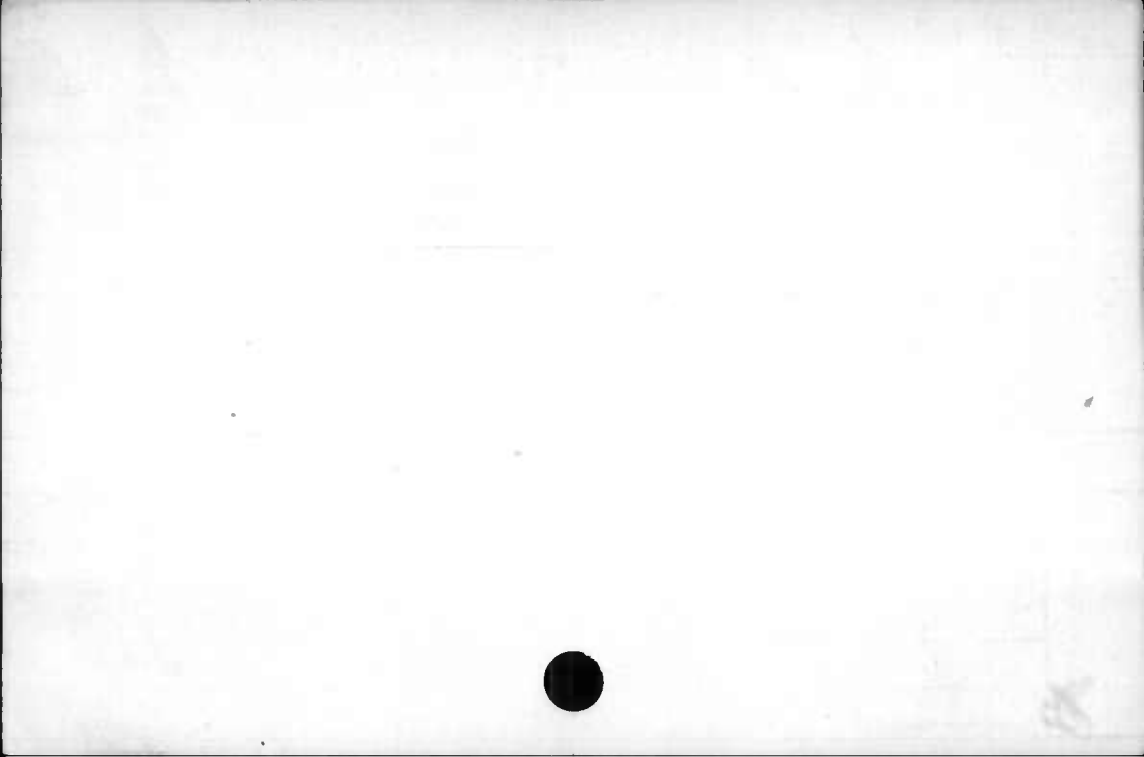
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Uterine Hemorrhage</u>	How long	
Immediate	<u>Uterine Hemorrhage</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <u>P. B. Brown</u>	
		<u>Amherst Ind</u>	
Accident or Suicide?			



Name in Full		Roathum Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Adelphia</i>		County <i>Calvert</i>		MARYLAND	
	Date of death	1906	Month <i>Nov</i>	Day <i>16</i>	Age <i>66</i>	Months <i>—</i>	Days <i>—</i>
	Sex	<i>Female</i>		Color or Race	<i>Colored</i>		
	Occupation	<i>House keeper</i>		Birth-place	<i>Calvert</i>		
	Where Residing if not at place of death		<i>"</i>				
	Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband	<i>Louise Thomas</i>		
	Father's Name	<i>Roman King</i>			Father's Birthplace	<i>Calvert</i>	
Mother's Maiden Name	<i>Cassie Heaven</i>			Mother's Birthplace	<i>"</i>		
Name of person giving Information	<i>Robt King</i>			How related to deceased	<i>Brother</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(49)</div>							
PHYSICIAN OR CORONER	Primary	<i>Arterio Sclerosis</i>			How long	<i>1 Yr</i>	
	Immediate	<i>Exhaustion</i>			How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>L. M. T. King</i>			
				Address			
<div style="text-align: center;">Accident or Suicide?</div>							



Name
in
Full

CERTIFICATE OF DEATH

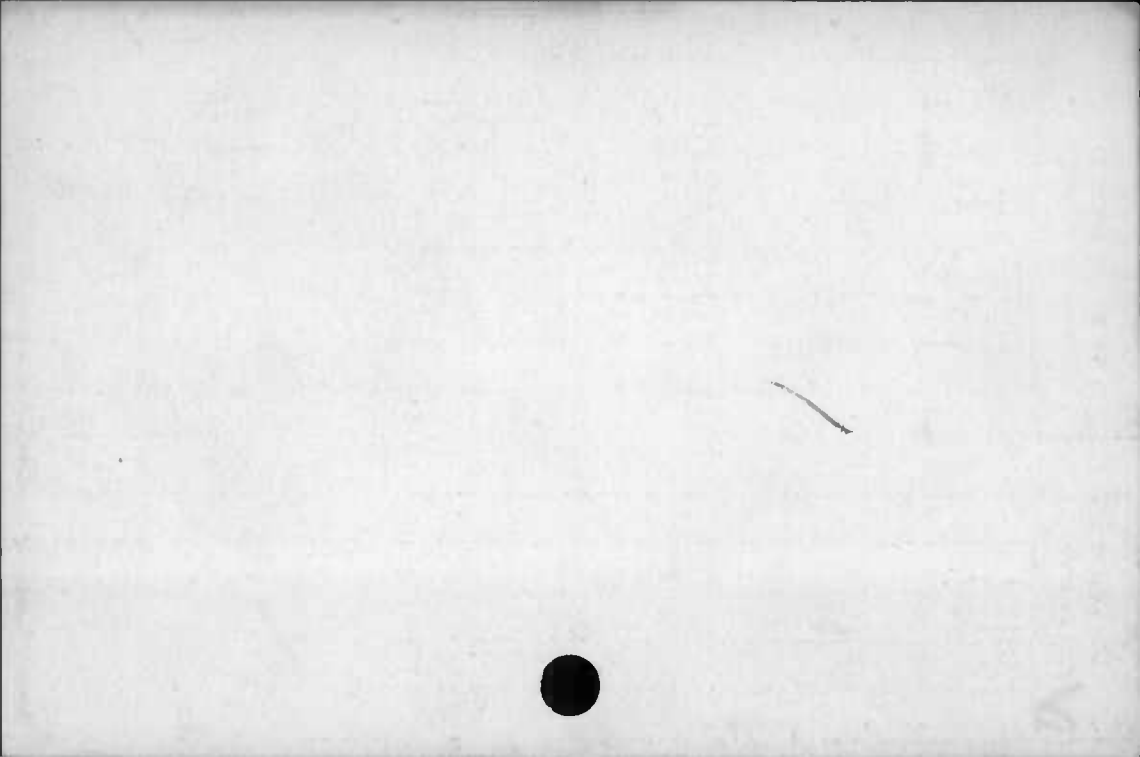
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trainer</i> Town		<i>Calvert</i> County		MARYLAND			
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>two days</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert R. Torrey</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Minnie L. Foote</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Robert R. Torrey</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hydrocephalus</i>	How long <i>From birth</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. Chambers MD</i>
	Address <i>Lexby, Calvert Co</i>
Accident or Suicide?	



Samuel A. Williams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington, D.C.</i>		County <i>—</i>		MARYLAND	
Date of death	1906	Month	11	Day	29
Age		3 months		Months	Days
Sex	Male	Color of Race	White	Birth place	Chesapeake Beach Md.
Occupation	None	Where Residing if not at place of death	Died 1883 - Fort. N. E.		
<input checked="" type="checkbox"/> Single	Name of Wife or Husband <i>—</i>				
Father's Name	Wm. S. Williams.			Father's Birthplace	Pa
Mother's Maiden Name	Wacker - (dead)			Mother's Birthplace	Md
Name of person giving information	Mr. J. C. Kanoode			How related to deceased	Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Athrepsia</i>	How long	<i>Life</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Olin Leach, M.D.</i>
		Address	<i>631 - Md. av. N.E. Washington, D.C.</i>
Accident or Suicide?	<i>no</i>		

